



PROPERTY TAX CLASSIFICATION

2012 APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Submit form to: Clerk of the Board of Supervisors
301 W. Jefferson, 10th Floor
Phoenix, AZ 85003
(602) 506-3766

NOTE: Your **notarized signature** must be on this form attesting to the truthfulness of the information you have provided. See section 10 below.

1	Name:	Phone:	Email Address:			
	Mailing Address:		City:	State:	Zip:	
2	Complete the following for the property under appeal (property address and parcel number listed below) Complete a separate form for each property appeal.					
	Property address:			Assessor's Parcel Number (APN):		
3	Appeal is based on (check one): Assessor Letter _____ Date of Letter: _____ Treasurer Letter _____ Date of Letter: _____		4	Who currently resides at the property?		
Please check "yes" or "no" for each question regarding the property under appeal:					Yes	No
5	Is this property currently rented?					
6	From January 1, 2011 through present, was this property rented?					
7	From January 1, 2011 through present, was this property marketed as a rental?					
8	Are there plans to rent the property during 2012?					
9	Does a qualifying family member currently occupy the residence (Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling)? If yes, please provide: Name of _____ Relationship to _____ Occupant: _____ Owner: _____ IMPORTANT: Appropriate documentation (as listed on Page 2) must provide proof of the person who is living in the property as stated here (the OCCUPANT's Driver's License, Utility Bill, etc.)					
Complete all 3 pages of this Appeal Form. This completed form must be received in the Office of the Clerk of the Board of Supervisors either 30 days from the date the Assessor mailed the <u>Notice of Reclassification of Residential Property</u> , or 30 days from the date the Treasurer mailed the <u>penalty notice</u> . Please attach any additional information or documentation to support your claim with your Appeal Form.						
10	Signature:		Date:			
	State of Arizona) County of Maricopa) (Seal)		Subscribed and sworn (or affirmed) before me this ____ day of _____, 2012. _____ Notary Public			
For Office Use Only: _____ Appeal Denied _____ Appeal Approved Board Mtg Date: _____						

Name:	Assessor's Parcel Number:
Property Address:	

11 SUPPORTING DOCUMENTATION
To support your appeal, attach a copy of ONE of the documents showing the OCCUPANT at the address of the property under appeal:

- Voter Registration Card
- Driver's License
- Motor Vehicle Registration Paperwork
- Current Utility Bill in your name at this address
- Copy of a portion of your last tax return showing your address (please do not send entire form – only address section)

Supporting documents must provide proof of who is living in the property – the OCCUPANT – either you or the qualifying family member you noted in Box 9 on page 1.

12 Complete the following chart for **each** month listed. Place a check mark (✓) to indicate whether the property was vacant, owner-occupied, or rented for the month. *For partial months, enter number of weeks.* If the property was rented to a qualifying family member*, include the relationship. If the property is currently rented to a qualifying family member*, attach a utility bill or other appropriate documentation for verification. **For the remaining months of 2012, indicate the intent for the property.** If the **intent** is rental, indicate whether the intent is to rent to a qualifying family member*.

Month	Number of weeks (if applicable)	Vacant	Owner-Occupied	Rental	If rented to a qualifying member*, list relationship.
January, 2011					
February, 2011					
March, 2011					
April, 2011					
May, 2011					
June, 2011					
July, 2011					
August, 2011					
September, 2011					
October, 2011					
November, 2011					
December, 2011					
January, 2012					
February, 2012					
March, 2012					
April, 2012					
May, 2012					
June, 2012					
July, 2012					
August, 2012					
September, 2012					
October, 2012					
November, 2012					
December, 2012					

*Pursuant to A.R.S. §42-12053, a qualifying family member is Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling.

Name:	Assessor's Parcel Number:
Property Address:	

Additional Information
Property Tax Classification Appeal Form

If notices regarding reclassification did NOT come to your current mailing address and you wish to change your official mailing address with the Assessor's Office, please complete the box below.

OFFICIAL CHANGE OF MAILING ADDRESS:

Name		
Street address		
City	State	Zip

Additional Information (Please include any additional information that you feel is relevant to your appeal).